



CLIENT RIGHTS AND RESPONSIBILITIES

The Mission Of Vocational Rehabilitation Services Is To Help You Become Suitably Employed.

Eligibility: To be determined eligible for services, you must meet the following criteria:

- 1) You must have a physical or mental impairment,
- 2) Which for you constitutes a substantial impediment to employment,
- 3) You can benefit in terms of an employment outcome, and
- 4) You must also require vocational rehabilitation services in order to prepare for, enter, engage in, or retain gainful employment.

Nondiscrimination: You will not be discriminated against on the basis of race, color, creed, national origin, age, sex, or disability in determination of eligibility and/ or provision of vocational rehabilitation services.

Confidentiality: All information obtained by the Division of Vocational Rehabilitation will be held confidential and will not be given to any person or agency without written consent of the client except by order of the court; and will not be given to any person or agency without written consent of the client, except as mandated by law. Such exceptions include threat of harm to self or others; child or elder abuse; or by court order.

Information obtained by DVR under the authority of the Rehabilitation Act of 1973, as amended, is used to determine eligibility and, if you are eligible, to develop an Individualized Plan for Employment and may be used as a basis for review of your progress. Although provision of information is voluntary, failure to provide pertinent information may result in case closure or delay in case development.

Your Rights: As an active participant in the vocational rehabilitation process:

- (1) If you are dissatisfied with any decision or action regarding your case, you may request a Supervisory Review by contacting the Area Manager.
- (2) You may request an Administrative Review by the Field Operations Director (FOD) in which the counselor and/or Area Manager's decision may be overturned or amended.
- (3) You also have the right to request a Fair Hearing by writing to the NMDVR Director within 45 days at 2935 Rodeo Park Drive East, Santa Fe, NM 87505. If after a Fair Hearing, you are dissatisfied with the decision rendered by an impartial hearing officer; your recourse is to file a civil action against the Agency. There are no other internal procedures available.
- (4) The Client Assistance Program (CAP) through Disability Rights New Mexico is a program independent of NMDVR and can provide you with information about your rights as an applicant or a client. CAP may also be able to assist you with the informal appeal process through the fair hearing if you wish to appeal a decision made by NMDVR, CAP can be contacted at 3916 Juan Tabo NE., Albuquerque, NM 87110, or by calling (505) 256-3100, or 1-800-432-4682.

Mediation Services: You may request Mediation assistance related to determinations made by DVR personnel at any time during the rehabilitation process or during the steps mentioned above in the appeals process, by writing to the Deputy Director of Rehabilitation Services at the address provided above.

Selection Of Impartial Hearing Officers: In the event that a participant requests a Fair Hearing, an impartial hearing officer will be appointed to conduct and make a determination on the Fair Hearing. The impartial hearing officer is selected:

- 1) From among a pool of persons qualified to be an impartial hearing officer who are identified by the State unit and the State Rehabilitation Council.
- 2) On a random basis, or by agreement between the Director and the individual, or if appropriate, the individual's representative.

Your Responsibilities:

- (1) Cooperation: You are expected to work closely with your counselor during the vocational rehabilitation process in order to maximize your chances for success. Expectations include that you:
 - Obtain and provide any requested records pertaining to your disability;
 - Commit to participation in your vocational rehabilitation program in order to reach an employment outcome;
 - Provide honest and accurate information;
 - Keep all scheduled appointments;
 - Follow counselor and professional recommendations;
 - Inform your counselor of any changes, which may affect your program;
 - Conduct yourself in a respectful manner to foster a cooperative relationship;
 - Understand that abusive or hostile behavior may result in case closure.
- (2) Financial Participation: You may be required to contribute toward the cost of your program. You are also required to apply for and utilize services and benefits that other agencies, organizations, and programs may provide. Receipt of these services should be reported to your counselor.

Released And Requested Information From The Social Security Administration/Department Of Labor / Human Services Department:

For those participants in the DVR process that are Social Security applicants or recipients, information related to your eligibility of benefits, employment status and wages can be provided to or requested from the Social Security Administration through cooperative agreements between DVR, the Social Security Administration, the Department of Labor, and the Human Services Department. This information is utilized for determining eligibility and for seeking payment from the Social Security Administration related to the cost of your rehabilitation program.

For participants who have received DVR services, information related to your employment status and wages can be requested from the Department of Labor through cooperative agreement for verifying employment.

Right To Contact Appropriate Professionals/And Or Law Enforcement Authorities In The Event Of Potential Harm To Self Or Others:

DVR staff has the right to contact other appropriate professionals and/or law enforcement authorities in the event that a participant discloses verbal plans or actions to harm themselves or others. My rights and responsibilities have been provided to me through appropriate modes of communication and in writing.

Applicant
Signature _____ **Date** _____

Parent
Individual's Representative _____ **Date** _____
 (When Necessary)